



Chronic Illness Alliance and MS Australia

Managing Chronic Illness

The chronic illness epidemic facing Australia is well documented. While some chronic diseases are preventable through public health measures, not all chronic diseases are lifestyle-related, nor are they preventable. Many of these, such as multiple sclerosis, Type 1 diabetes, epilepsy, Cystic Fibrosis and Crohn's Disease are disabling, incurable and result in reduced quality of life and productivity.

Many chronic diseases cannot be managed by the health system alone, as their main impacts are in the community on employment, income levels and relationships. A comprehensive chronic disease policy must focus on quality of life through health promotion, affordable pharmaceuticals and coordinated continuous care services.

While Health Policy is increasingly being targeted at chronic illness through prevention and other targeted measures, the comprehensive management of non preventable illnesses is critical to quality of life and community participation for those living with these conditions. To maintain good health across the life cycle, health programs should focus on effective interventions aimed at delivering good health and lifestyle outcomes **for all citizens**. Good health is not only important to people with chronic illness; it is vital to ensuring that they manage other areas of life impacted by these diseases including family integration, life/work interfaces and emotional and psychological health as well.

1. Coordinated Care

Effective chronic disease management requires a person centred approach that coordinates programs around individuals and families and needs to be directed at sustaining wellness, maintaining productivity and promoting self management. People need support services across the life cycle.

What is required:

A dedicated chronic illness continuous care program is required that can co-ordinate services across current jurisdictional boundaries (including services from the private and public sectors) to deliver more timely and better targeted services to people.

2. Pharmaceuticals – PBS reform

Many breakthrough drugs for chronic illnesses are coming to market, but are being evaluated via a cost benefit model without the full lifetime impact of disability on the individual and on the wider health system being taken into account.

What is required:

Greater flexibility is needed with these drugs due to the disease modifying outcomes and the potential relieving effects on Government funding programs and quality of life outcomes for individuals and families. The introduction of a cost-utility methodology for assessing new drugs by the PBAC that values community and health outcomes from new drugs will encourage better allocative efficiency across the health and community care sectors.

3. Aids and equipment

This is a major area of need for people with chronic illness and the current arrangements are unwieldy. Some disability aids are underfunded by State systems and some essential devices, such as **Baclofen pumps** (to relieve muscle spasticity in MS and brain injury) and **insulin pumps** (for people with Diabetes 1) are not available as funded items, although their use would have great quality of life benefits in terms of good health and productivity.

What is required:

Ensure that life-enhancing medical devices are evaluated and funded with the systemic benefit model needed to deliver the best health outcome. Overall, a national aids and equipment program is needed to rationalise all equipment schemes operated by Governments, compensation schemes and hospitals. This will deliver savings through buying power and will improve service levels.

4. Employment and Financial Security

Many people with chronic illnesses are able to lead productive lives if supported to do so, however part time work and early retirement are workforce realities. People with chronic illnesses generally live with lower incomes, and many experience health related poverty, spending over 20% of their incomes on medications.

What is required:

- *People with chronic illness on part-time incomes outside concession thresholds need additional assistance with the cost of medications. The current concession arrangements have only 2 points (\$4.90 with a health care card or \$30.70 without). However a **sliding concessional scale** is needed to allow greater fairness for those who are living on part time incomes but have high medicine requirements.*
- *The threshold for the safety net for pharmaceuticals needs to be restored to 52 scripts per year, and should include private scripts for non-PBS medicines.*
- *The establishment of employment retention programs in the labour market sector for people with chronic disease and their carers preventing early exit from the workforce.*
- *Tax deductibility for disability home modifications and aids and equipment purchased by individuals and families outside Government schemes.*

The Welfare to Work program is not sensitive to the situations of people with episodic or degenerative conditions. W2W has the same intake and obligations for job seekers and people with partial but diminishing capacity, and the 15 hour per week threshold is poorly targeted at people with chronic illness who can keep working with income top up.

What is required:

- *People with chronic illness and partial capacity that meet the DSP impairment criteria are eligible for DSP income support to complement part time work.*
- *Due to the lower benefit and crippling marginal tax rates, remove the current Newstart stream for people with chronic illness and disability who require partial income support.*

5. Health Workforce

The stresses on the health workforce are well documented, and have serious implications for people living with chronic illness.

What is required:

- *Actively develop the capacity of the health workforce to ensure it has the requisite skills to manage the complexity of chronic illness. This includes enhancing the vocational training programs of GPs and allied health professionals.*
- *Review the MBS schedule to enable GPs to perform some specialist procedures and implement nurse practitioners to undertake some tasks currently restricted to GPs.*

The Chronic Illness Alliance

The Chronic Illness Alliance has 39 member chronic illness organisations. The aim of the Alliance is to build a better focus in health policy and health services for all people with chronic illnesses. It does this through education and research.

For Further Information please contact

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